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Bib Data Sheet

CONFIRMATION NO. 2373

<b>SERIAL NUMBER</b> 09/851,362	<b>FILING DATE</b> 05/08/2001 <b>RULE</b>	<b>CLASS</b> 342	<b>GROUP ART UNIT</b> 3662	<b>ATTORNEY DOCKET NO.</b> ATI-244
<b>APPLICANTS</b> David S. Breed, Boonton Township, NJ; Wilbur E. DuVall, Kimberling City, MO; Wendell C. Johnson, Signal Hill, CA;				
<b>** CONTINUING DATA *****</b> ✓ TN THIS APPLN CLAIMS BENEFIT OF 60/202,424 05/08/2000				
<b>** FOREIGN APPLICATIONS *****</b> ✓ TN				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/06/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>TN</i> Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 22846				
<b>TITLE</b> Vehicular blind spot identification and monitoring system				
<b>FILING FEE RECEIVED</b> 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

CONFIRMATION NO. 2373

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SERIAL NUMBER 09/851,362	FILING DATE 05/08/2001  RULE	CLASS 340	GROUP ART UNIT 2632	ATTORNEY DOCKET NO. ATI-244
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APPLICANTS

David S. Breed, Boonton Township, NJ;  
 Wilbur E. DuVall, Kimberling City, MO;  
 Wendell C. Johnson, Signal Hill, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/202,424 05/08/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 07/06/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY NJ	SHEETS DRAWING 17	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 2
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 VALLEY STREAM, NY  
 11580-6170

TITLE  
 Vehicular blind spot identification and monitoring system

FILING FEE RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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